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FORM D / SE OCT 1 9 2007 / UT

UNITED STATES

SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549
FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

OMB APPR	OVAL
OMB Number: 3235-00 Expires: April 31, 200 Estimated average burd hours per response	8 Ien
SEC USE O	NLY
Prefix	Serial
DATE RECE	EIVED

Name of Offering (check if this is an amendment and name has changed, and indicate change.) Sale of Convertible Promissory Note and Warrants and the Capital Stock issuable upon conver	rsion and exercise thereto					
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506	Section 4(6) ULOE					
Type of Filing: New Filing						
A. BASIC IDENTIFICATION DATA						
1. Enter the information requested about the issuer						
Name of Issuer check if this is an amendment and name has changed, and indicate change.) O7080893						
Address of Executive Offices (Number and Street, City, State, Zip Code) 951 Mariner's Island Boulevard, Suite 665, San Mateo, CA 94404 Telephone Number (Including Area Code) (650) 524-2520						
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)					
Brief Description of Business Service Relationship management software development	PROCESSED					
Type of Business Organization	OCT 3 0 2007					
□ corporation □ limited partnership, already formed	-·					
business trust limited partnership, to be formed other (please specify): THOMSON FINANCIAL						
Actual or Estimated Date of Incorporation or Organization: Month Year	Actual Estimated					

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6)

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File. U.S. Securities and Exchange Commission, 100 F Street, N.E., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

A. BASIC IDENTI	FICATION DATA						
 Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. 							
Check Box(es) that Apply: Promoter Beneficial Owner	Executive Officer	□ Director	General and/or Managing Partner				
Full Name (Last name first, if individual) Danciziger, Yisrael							
Business or Residence Address (Number and Street, City, State, Zip Code)							
c/o Digital Fuel Technologies Inc., 951 Mariner's Island Boulevard, Su		1404					
Check Box(es) that Apply: Promoter Beneficial Owner	Executive Officer	☐ Director	General and/or Managing Partner				
Full Name (Last name first, if individual) Fleming, Vincent							
Business or Residence Address (Number and Street, City, State, Zip Code)							
c/o Digital Fuel Technologies Inc., 951 Mariner's Island Boulevard, Su		1404					
Check Box(es) that Apply: Promoter Beneficial Owner	☐ Executive Officer	□ Director	General and/or Managing Partner				
Full Name (Last name first, if individual)							
Cohen, Neil							
Business or Residence Address (Number and Street, City, State, Zip Code)							
c/o Box 309, Queensgate House, South Church Street, George Tow, Gr	and Cayman, Cayman Isl						
Check Box(es) that Apply: Promoter Beneficial Owner	Executive Officer	□ Director □	General and/or Managing Partner				
Full Name (Last name first, if individual) Hayut, Gal							
Business or Residence Address (Number and Street, City, State, Zip Code)							
c/o Apax Partners Israel Ltd., 6th Floor 2 Maskit Street, P.O. Box 2034	i, Herzliyva, Tel Aviv, Isra	ael 46120	<u> </u>				
Check Box(es) that Apply: Promoter Beneficial Owner	Executive Officer	□ Director	General and/or Managing Partner				
Full Name (Last name first, if individual) Landan, Amnon							
Business or Residence Address (Number and Street, City, State, Zip Code)							
c/o Digital Fuel Technologies Inc., 951 Mariner's Island Boulevard, Su	ite 665, San Mateo, CA 94	1404					
Check Box(es) that Apply: Promoter Beneficial Owner	☐ Executive Officer	□ Director	☐ General and/or Managing Partner				
Full Name (Last name first, if individual)							
Kremer, Mark	 						
Business or Residence Address (Number and Street, City, State, Zip Code)							
c/o Digital Fuel Technologies Inc., 951 Mariner's Island Boulevard, Su		_					
Check Box(es) that Apply: Promoter Beneficial Owner	Executive Officer		General and/or Managing Partner				
Full Name (Last name first, if individual)							
Solvik, Peter			 				
Business or Residence Address (Number and Street, City, State, Zip Code) c/o Sigma Partners, 1600 El Camino Real, Suite 280, Menlo Park, CA 9							
Go Sigma 1 at the 15, 1000 Et Camino Real, Suite 200, Memo Park, CA	77043						

Check Box(es) that Apply:	Promoter	Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first,	if individual)				
Apax Europe V - A, L.P.					
Business or Residence Addr	ess (Number and Sti	reet, City, State, Zip Code)			
c/o Apax Partners Israel L	td., 6th Floor 2 Ma	skit Street, P.O. Box 2034	, Herzliyva, Tel Aviv, Isra	ael 46120, Attn: (Gal Hayut
Check Box(es) that Apply:	Promoter	⊠ Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first,	if individual)				
Apax WW Nominees Limi	ted + a/c AE5				
Business or Residence Addr	ess (Number and St	reet, City, State, Zip Code)			
c/o Apax Partners Israel L	td., 6th Floor 2 Ma	skit Street, P.O. Box 2034	, Herzliyva, Tel Aviv, Isra	ael 46120, Attn: (Gal Hayut
Check Box(es) that Apply:	Promoter	⊠ Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, BCPI, L.P.	if individual)				
Business or Residence Addr	ess (Number and St	reet, City, State, Zip Code)			
c/o Benchmark Capital, 24	80 Sand Hill Road,	Suite 200, Menlo Park, C	A 94025, Attn: Steven M.	. Spurlock	
Check Box(es) that Apply:	Promoter	⊠ Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, Israel Seed IV, L.P.	if individual)				
Business or Residence Addr	ess (Number and St	reet, City, State, Zip Code)			
c/o Box 309, Queensgate H			and Cayman, Cayman Isl	ands, Attn: Neil (Cohen
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first,	if individual)				
Sigma Partners 6, L.P.					
Business or Residence Addr	ess (Number and Sti	reet, City, State, Zip Code)			
c/o Sigma Partners, 1600 I	El Camino Real, Sui	ite 280, Menlo Park, CA 9	4025, Attn: Peter Solvik	. <u> </u>	
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Addr	ess (Number and Str	reet, City, State, Zip Code)			
	(Use blank	sheet, or copy and use add	litional copies of this sheet,	as necessary)	

					B. 1	NFORMAT	ΓΙΟΝ ABO	UT OFFE	RING				
1.	Has the	issuer sold	or does th	e issuer inte	nd to sell.	to non-accr	edited inves	stors in this	offering?			Yes	No ⊠
•			, 0. 0000	- 10000					f filing unde				.
2.	What is	the minimu	um investm	ent that wil	l be accept	ed from any	/ individual	?			••••	\$	N/A
3.	Does the	e offering p	ermit joint	ownership	of a single	unit?			***************************************			Yes ⊠	No □
4.	Enter th	e informat	ion request	ed for each	person w	ho has beer	n or will be	e paid or g	iven, direct	ly or indire	ectly, any		_
	offering with a s	. If a perso tate or state	on to be list es, list the	ted is an ass name of the	ociated per broker or	rson or agei dealer. If	nt of a brok more than	er or dealer five (5) per	with sales registered rsons to be dealer only	with the SI listed are a	EC and/or		N/A
Full	Name (L	ast name f	irst, if indiv	/idual)									
Busin	ness or F	Residence A	Address (No	umber and S	Street, City	, State, Zip	Code)			-			
Nam	e of Ass	ociated Bro	ker or Dea	ler									<u></u>
State	s in Wh	ich Person	Listed Has	Solicited or	Intends to	Solicit Pur	chasers			· · · ·			
(C	heck "A	.ll States" o	or check inc	lividuals Sta	ates)	*****						🔲 4	All States
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[MT]	[NE]	[NV]	[NH]	[אא]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[IW]	[WY]	[PR]
Full	Name (L	ast name f	irst, if indiv	vidual)								•	
Busia	ness or F	Residence A	Address (Nu	ımber and S	street, City	State, Zip	Code)						
Nam	e of Ass	ociated Bro	ker or Dea	ler								•	
State	s in Wh	ich Person	Listed Has	Solicited or	Intends to	Solicit Pur	chasers						
(C	heck "A	II States" o	or check ind	lividuals Sta	ates)	••••••		•••				🗆 /	All States
[.	AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
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[3	MTJ	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[1	RI}	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full 3	Name (L	ast name fi	irst, if indiv	ridual)		<u>-</u>	· · ·		·				
Busin	ness or F	Residence A	Address (Nu	ımber and S	treet, City,	State, Zip	Code)						
Nam	e of Ass	ociated Bro	ker or Dea	ler	•	,							
State	s in Whi	ch Person	Listed Has	Solicited or	Intends to	Solicit Pure	chasers	· · · · · ·					
(C	heck "A	II States" o	r check ind	lividuals Sta	ites)				•••••		•••••	🗆 /	All States
[,	AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
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[i	MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[1	RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
				(Lice blac	ok sheet o	r conv and I	ise addition	al conies of	f this sheet	ac necessar	37)		

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PRO	OCEEDS	
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\square\$ and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security Debt	Aggregate Offering Price \$ 4.000,000.00	Amount Already Sold \$ 4.000,000.00
	Equity	s	\$
	☐ Common ☒ Preferred		
	Convertible Securities (including warrants)	\$_199,999.79	\$ 199,999,79
	Partnership Interests	\$	\$
	Other (Specify)	\$	\$
	Total		\$ 4,199,999.79
	Answer also in Appendix, Column 3, if filing under ULOE.		
Ž.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines Enter "0" if answer is "none" or "zero."	f	Aggregate Dollar Amount of Purchase
	Accredited investors.	11	\$_4,199,999.79
	Non-accredited Investors		\$
	Total (for filings under Rule 504 only)		s
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sole by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale o securities in this offering. Classify securities by type listed in Part C - Question 1.	f	Dellandon
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505	N/A	\$N/A
	Regulation A	N/A	\$N/A
	Rule 504	N/A	\$N/A
	Total	N/A	\$N/A
1.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish are estimate and check the box to the left of the estimate.	/ 1	
	Transfer Agent Fees	E E	\$
	Printing and Engraving Costs		\$
	Legal Fees	×	\$_10,000.00
	Accounting Fees		\$
	Engineering Fees		\$
	Sales Commissions (specify finders' fees separately.)		\$
	Other Expenses (identify)		s
	Total	☒	\$_10,000.00

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

	b. Enter the difference between the aggregate offering price given in response to Part C - Question I an total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted grosproceeds to the issuer."	ss	\$ <u>4,189,999.79</u>
5.	Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for eac of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the bot to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b above.	X	
		Payments to Officers, Directors &	Payments to
		Affiliates	Others
	Salaries and fees	□ \$	□ \$
	Purchases of real estate	□ \$	□ \$
	Purchase, rental or leasing and installation of machinery and equipment	□ \$	□ \$
	Construction or leasing of plant buildings and facilities	□ \$	□ s
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger.)	<u>\$</u>	□ s
	Repayment of indebtedness	□ \$	□ \$
	Working capital	□ \$	⊠ \$ <u>4,189,999.7</u> 9
	Other (specify):	□ s	□ s
	Column Totals	□ \$	□ \$
	Total Payments Listed (column totals added)	⊠ \$4,1	89,999.79

		rson. If this notice is filed under Rule 505, the following
		hange Commission, upon written request of its staff, the
information furnished by the issuer to any non-	accredited investor pursuant to paragraph (b))(2) of Rule 502.
Issuer (Print or Type)	Signature	Date
Digital Fuel Technologies Inc.		October <u>//</u> , 2007
Name of Signer (Print or Type)	Title of Signer (Print or Type)	
Vincent Fleming	Chief Financial Officer	

D. FEDERAL SIGNATURE

ATTENTION

Intentional Misstatements or Omissions of Fact Constitute Federal Criminal Violations. (See 18. U.S.C. 1001.)

	E. STATE SIGNATURE								
1.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?	Yes	No ⊠						
	See Appendix, Column 5, for state response.								
2.	The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law.								
3.	 The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees. 								
4.	4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform Limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.								
	e issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by authorized person.	by the und	ersigned						
İss	uer (Print or Type) Signature Date								
Di	gital Fuel Technologies Inc. October (, 2007								
Na	same of Signer (Print or Type) Title of Signer (Print or Type)								

Chief Financial Officer

Vincent Fleming

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

1	2		3		5				
	non-acc invest Sta	to sell to credited ors in ate -Item 1)	Type of security and aggregate offering price offered in state (Part C –Item 1)	Type of investor and amount purchased in State (Part C-Item 2)				Disqualification under State ULOE (if yes, attach explanation of waiver granted (Part E -Item 1)	
State AL	Yes	No	Sale of Convertible Promissory Note and Warrants and the Capital Stock issuable upon conversion and exercise thereto	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
AK			· · · · · · · · · · · · · · · · · · ·						
AZ									
AR									
CA									
CO			LW-					-	
СТ		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·						
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DC	-			- · · · · · · · · · · · · · · · · · · ·					<u> </u>
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MT									
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NV								<u> </u>	

APPENDIX

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	Intend non-ac inves	to sell to credited tors in tate 3-ltem 1)	Type of security and aggregate offering price offered in state (Part C –Item 1)		Type of investor and amount purchased in State (Part C-Item 2)			Disqualification under State ULOE (if yes, attach explanation of waiver granted (Part E –Item 1)	
State NH	Yes	No	Sale of Convertible Promissory Note and Warrants and the Capital Stock issuable upon conversion and exercise thereto	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
NJ									
NM	 						. <u> </u>		
NY								<u> </u>	<u> </u>
NC	 		1/2 = 10	<u> </u>	<u> </u>			1	
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OH	 			- · · · · · · · · · · · · · · · · · ·	 .			<u> </u>	
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OR	 			-		 		 	<u> </u>
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